

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

15 FEB -4 PM 12:12

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BRIGHT FOR US SENATE

ADDRESS (number and street) PO BOX 5988

Check if different  
than previously  
reported. (ACC)

GREENVILLE

SC

29606

2. FEC IDENTIFICATION NUMBER ▼

C C00548339

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
- 
- REPORT

NEW  
(N)

OR

AMENDED  
(A)

SC

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the  
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2014M M / D D / Y Y Y Y Y Y  
10 01 2014M M / D D / Y Y Y Y Y Y  
10 01 2014

through

M M / D D / Y Y Y Y Y Y  
12 31 2014M M / D D / Y Y Y Y Y Y  
12 31 2014M M / D D / Y Y Y Y Y Y  
12 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher M Sullivan

Signature of Treasurer

Christopher M Sullivan

Date

M M / D D / Y Y Y Y Y Y  
6 1 2 8 2 0 1 5M M / D D / Y Y Y Y Y Y  
6 1 2 8 2 0 1 5M M / D D / Y Y Y Y Y Y  
6 1 2 8 2 0 1 5

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)